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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

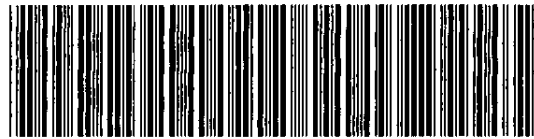
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

01/28/10--01013--015 **1000.00

T. CLINE

FEB 15 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2010

DEBBY ROBINSON
THORNTON & TORRENCE, PA
6709 RIDGE ROAD, SUITE 106
PORT RICHEY, FL 34668

SUBJECT: MATYSIK FAMILY LIMITED PARTNERSHIP
Ref. Number: W10000004699

We have received your document for MATYSIK FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

The operating agreement is not filed with our office. The second page of the certificate of limited partnership was missing from your document.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 010A00002430

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MATYSIK FAMILY LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

DEBBY ROBINSON
Contact Person

THORNTON & TORRENCE, PA
Firm/Company

6709 RIDGE ROAD, SUITE 106
Address

PORT RICHEY, FL 34668
City, State and Zip Code

DEBBYR@THORNTONTORRENCE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBBY ROBINSON at (727) 845-6224
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees ☐ \$1,008.75 Filing Fees ☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees,
(\$965 Filing Fee and and Certificate of and Certified Copy Certified Copy, and
\$35 Registered Agent Status Certificate of Status
Fee)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

2016 FEB 12 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. MATYSIK FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

2. 2246 HIGHWAY 44 WEST
(Street address of initial designated office)

INVERNESS, FLORIDA 34453

3. THOMAS MATYSIK
(Name of Registered Agent for Service of Process)

4. 2246 HIGHWAY 44 WEST
(Florida street address for Registered Agent)

INVERNESS, FLORIDA 34453

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 2246 HIGHWAY 44 WEST
(Mailing address of initial designated office)

INVERNESS, FLORIDA 34453

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

8. Name and business address of each general partner:

Name:

Business Address:

Matysik, LLC

2246 Highway 44 West

L10-3658

Inverness, FL 34453

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 12 PM 2:24

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 2nd day of February, 2010.

Signature of each general partner:

MATYSIK, LLC

Thomas Matysik

THOMAS MATYSIK, its MGRM

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75